

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Del Cielo Media, LLC			Date of Public Distribution/Dissemination 07 / 08 / 2016		
Mailing Address 1427 Leslie Avenue Suite 102			Amount 3849.75		
City Alexandria		State VA	Zip Code 22301		Transaction ID : SE.6539
Purpose of Expenditure media placement		Category/ Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Timothy A. Huelskamp			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Del Cielo Media, LLC			Date of Public Distribution/Dissemination 07 / 08 / 2016		
Mailing Address 1427 Leslie Avenue Suite 102			Amount 1283.25		
City Alexandria		State VA	Zip Code 22301		Transaction ID : SE.6541
Purpose of Expenditure media placement		Category/ Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Roger W. Marshall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5133.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nancy H. Watkins</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 07 / 09 / 2016		

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NAME OF COMMITTEE (In Full) ESAFund		FEC IDENTIFICATION NUMBER ▼ C C00489856	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RedPrint Strategy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2016	
Mailing Address P. O. Box 710993		Amount 1875.00	
City Herndon	State VA	Zip Code 20171	Transaction ID : SE.6549
Purpose of Expenditure media production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Timothy A. Huelskamp		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee RedPrint Strategy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2016	
Mailing Address P. O. Box 710993		Amount 625.00	
City Herndon	State VA	Zip Code 20171	Transaction ID : SE.6550
Purpose of Expenditure media production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Roger W. Marshall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	7633.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
07 / 09 / 2016

Signature